

MONTHLY OPERATING REPORT

Document Page 1 of 30

CHAPTER 11U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF MS
VicksburgCase Name Daleson Enterprises, LLC d/b/a Jones County Rest Home 2006 NOV - 1 PM 3:54Case Number 05-50095 For Period September 1 to September 30 GARLE06 J KENNEDY
CLERKBY DEPUTY

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
---------------	-------------------	----------------------------

(mark only one - attached or waived)

- | | | |
|-------------------------------------|-----|--|
| <input checked="" type="checkbox"/> | { } | Comparative Balance Sheet (FORM 2-B) |
| <input checked="" type="checkbox"/> | { } | Profit and Loss Statement (FORM 2-C) |
| <input checked="" type="checkbox"/> | { } | Cash Receipts and Disbursements Statement (FORM 2-D) |
| <input checked="" type="checkbox"/> | { } | Supporting Schedules (FORM 2-E) |
| <input checked="" type="checkbox"/> | { } | Narrative (FORM 2-F) |
| <input checked="" type="checkbox"/> | { } | Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s) |

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

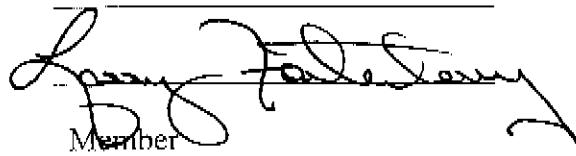
Executed on: 10/30/06
(date)

Debtor(s)*

Daleson Enterprises, LLC
d/b/a/ Jones County Rest Home

By:**

Position:


Sandy Lindsey
Member

Name of preparer:

Sandy Lindsey, CFOTelephone No. of Preparer 601-758-1989

* both debtors must sign if a joint petition

** for corporate or partnership debtor

COMPARATIVE BALANCE SHEET

<u>ASSETS:</u>	<u>Month</u>	<u>Month</u>	<u>Month</u>						
CURRENT ASSETS:									
Cash.....	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	9/30/06	9/30/06
493,990	481,860	474,009	493,145	462,635	452,953	447,658			
Accounts Receivable, Net.....	285,252	284,454	283,999	259,578	259,578	259,571	263,251		
Inventory, at lower of cost or market.....	0	0	0	0	0	0	0	0	0
Prepaid expenses & deposits.....	0	0	0	0	0	0	0	0	0
Other.....	620,268	620,268	620,268	620,268	620,268	620,268	620,268	620,268	620,268
TOTAL CURRENT ASSETS.....	1,399,510	1,386,582	1,378,276	1,372,991	1,342,481	1,332,792	1,331,177		
PROPERTY, PLANT & EQUIPMENT.....	254,993	254,993	254,993	254,993	254,993	254,993	254,993	254,993	254,993
Less Accumulated depreciation.....	0	0	0	0	0	0	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	254,993	254,993	254,993	254,993	254,993	254,993	254,993	254,993	254,993
OTHER ASSETS	715,738	715,738	715,738	715,738	715,738	715,738	715,738	715,738	715,738
Certificate of Need Cost	94,435	94,435	94,435	94,435	94,435	94,435	94,435	94,435	94,435
Workers Comp Deposit									
TOTAL OTHER ASSETS.....	810,173	810,173	810,173	810,173	810,173	810,173	810,173	810,173	810,173
TOTAL ASSETS.....	2,464,676	2,451,748	2,443,442	2,438,157	2,407,647	2,397,958	2,396,343		

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: Intercompany Accts./Etc. _____

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable - secured.....

Priority debt.....

Unsecured debt.....

Other _____ Due Owner _____

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

	<u>Month</u>						
	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06
POST-PETITION LIABILITIES:							
Taxes payable (Form 2-E, pg 1 of 3).....	0	0	0	0	0	0	0
Accounts payable (Form 2-E, pg 1 of 3).....	0	0	0	0	0	0	0
Other: Intercompany Accts./Etc. _____	0	0	0	0	0	0	0
TOTAL POST-PETITION LIABILITIES.....	0	0	0	0	0	0	0
PRE-PETITION LIABILITIES:							
Notes payable - secured.....	689,477	689,477	689,477	689,477	689,477	689,477	689,477
Priority debt.....	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
Unsecured debt.....	308,767	308,767	308,767	308,767	308,767	308,767	308,767
Other _____ Due Owner _____	77,723	77,723	77,723	77,723	77,723	77,723	77,723
TOTAL LIABILITIES.....	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
EQUITY (DEFICIT)							
PREFERRED STOCK.....							
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	129,976	117,048	108,742	103,457	72,947	63,258	61,643
Post Filing date.....							
TOTAL EQUITY (NET WORTH).....	129,976	117,048	108,742	103,457	72,947	63,258	61,643
TOTAL LIABILITIES & EQUITY.....	2,464,676	2,451,748	2,443,442	2,438,157	2,407,647	2,397,958	2,396,343

CASE NAME: _____ Daleson Enterprises, LLC d/b/a/ Jones County Rest Home _____

CASE NUMBER: _____ 05-50095 _____

PROFIT AND LOSS STATEMENT

SEE ATTACHED

	Filing Date	Month	Month	Month	Month	Month	Month
SEE ATTACHED	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	9/30/2006
NET REVENUE.....		0	0	0	0	0	0
<u>COST OF GOODS SOLD.</u>							
Material.....							
Labor - Direct.....							
Manufacturing Overhead.....							
TOTAL COST OF GOODS SOLD.....		0	0	0	0	0	0
<u>GROSS PROFIT:</u>							
<u>OPERATING EXPENSES:</u>							
Selling and Marketing.....		0	0	0	0	0	0
General and administrative (rents, utilities, salaries, etc.)		12,928	8,306	5,285	30,510	9,689	1,615
Other _____							~
TOTAL OPERATING EXPENSES.....		12,928	8,306	5,285	30,510	9,689	1,615
<u>INTEREST EXPENSE:</u>							
INCOME BEFORE DEPRECIATION OR TAXES:.....		(12,928)	(8,306)	(5,285)	(30,510)	(9,689)	(1,615)
DEPRECIATION OR AMORTIZATION.....		0	0	0	0	0	0
EXTRAORDINARY EXPENSES *							
INCOME TAX EXPENSE (BENEFIT).....							
NET INCOME (LOSS).....		(12,928)	(8,306)	(5,285)	(30,510)	(9,689)	(1,615)

*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County Rest Home CASE NUMBER: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period September 1 to September 30, 2006

Cash Reconciliation

1. Beginning Cash Balance (Ending cash balance from last month's report)	<u>\$ 452,953</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 0</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 5,295</u>
4. Net Cash Flow	<u>\$ (5,295)</u>
5. Ending Cash Balance (to FORM 2-B)	<u>\$ 447,658</u>

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 0</u>	Trustmark
3. Operating and/or Personal Account	<u>\$ 445,171</u>	Trustmark
4. Payroll Account	<u>\$ 2,487</u>	Trustmark
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
TOTAL (Must Agree with line 5 above)	<u>\$ 447,658</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers and UST fees paid \$ 5,295

*NOTE: This amount should be used
to determine UST quarterly fees due
and agree with Form 2-D, page 2 of 4

FORM 2-D
Page 1 of 4
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County Rest Home CASE NUMBER: 05-50095

QUARTERLY FEE SUMMARY

MONTH ENDED September 2006

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 274,900			
February	\$ 42,376			
March	\$ 14,295			
Total 1 st Quarter	\$ 331,571	\$ 3,750		
April	\$ 12,196			
May	\$ 7,851			
June	\$ 6,594			
Total 2 nd Quarter	\$ 26,641	\$ 500		
July	\$ 30,510			
September	\$ 9,722			
September	\$ 5,295			
Total 3 rd Quarter	\$ 45,527	\$ 500		
October	\$			
November	\$			
September	\$			
Total 4 th Quarter	\$			

FEE SCHEDULE

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000	\$250
\$15,000 - \$75,000	\$500
\$75,000 - \$150,000	\$750
\$150,000 - \$225,000	\$1,250
\$225,000 - \$300,000	\$1,500
\$300,000 - \$1,000,000	\$3,750
\$1,000,000 - \$2,000,000	\$5,000
\$2,000,000 - \$3,000,000	\$7,500
\$3,000,000 - \$5,000,000 and above	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701
Operating Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$0

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701
Operating
CASH DISBURSEMENTS JOURNAL.
(attach additional sheets as necessary)

Date	Check No.	Payer	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones
County Rest Home

CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period September 1 to September 31, 2006

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

01/04

CASE NAME: Daleson Enterprises, LLC dba Jones City Rest
Home CASE NUMBER: 05-50095

NARRATIVE STATEMENT

For Period September 1 to September 30, 2006

Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period, September 1 to September 30, 20_06

Account Name: JCRH New Accts. Payable Account Number: 480-009-6685

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period __ September 1 __ to __ September 30 __, 20_06 __

Account Name: JCRH Payroll Account Number: 480-009-6693 __

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$ __ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRII Resident Trust Account Number: 480-009-6719

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 418

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 4,877

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jons
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period September 1 to September 30, 2006

Account Name: JCRII Resident Trust Account Number: 480-009-6719

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period September 1 To September 30 2006

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

AP NEW JCRH
10/6/2006

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		449,225.48
Checks and Payments	4 Items	-4,877.20
Deposits and Other Credits	0 Items	0.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		444,348.28

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		444,348.28
Checks and Payments	12 Items	-10,000.49
Deposits and Other Credits	0 Items	0.00
Register Balance as of 9/30/2006:		434,347.79
Checks and Payments	0 Items	0.00
Deposits and Other Credits	1 Item	20.00
Register Ending Balance:		434,367.79

New AP 434,347.79
Old AA 2,216.17
436,563.96

AT NEW JCTB
10/6/2006

Page 2

Uncleared Transaction Detail up to 9/30/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
5/11/2005	2296	GARY D. THRASH		GARNISHMENT		-457.89
7/13/2005	2556	WILLIAM G. CLARK				-800.00
8/12/2005	2658	WILLIAM G. CLARK				-800.00
9/14/2005	2821	WILLIAM G. CLARK				-800.00
10/14/...	2962	WILLIAM G. CLARK				-800.00
11/15/...	3092	WILLIAM G. CLARK				-800.00
12/15/...	3180	WILLIAM G. CLARK				-800.00
1/10/2006	3235	WILLIAM G. CLARK				-800.00
1/12/2006	3243	ELLEN GRAVES				-20.00
2/15/2006	3280	JOHN D. MCCORMICK				-1,484.00
9/14/2006	3337	LARRY RUSSELL				-2,285.00
9/14/2006	3339	LARRY RUSSELL				-153.60
Total Uncleared Checks and Payments				12 Items		-10,000.49
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				12 Items		-10,000.49

**Trustmark**

National Bank

Small Business Checking

Page 1 of 3

Statement Period
From 9/01/2006 To 9/30/2006

Account Number
480-009-6685

4 Images Included

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME ACCT PAYABLE DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-245-2404 or 1-801-961-6000
Automated Response: 24 hours/day
Representative: Mon. - Fri., 8am-8pm
Sat., 9am-7pm

*For questions, or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours, and choose option 1.*

Website address: www.trustmark.com

**Summary**

Description	Transactions	Amount
Balance last statement		449,225.48
Deposits and other credits		+ .00
Checks and other withdrawals	4	- 4,877.20
Service charges		- .00
Balance this statement		\$444,348.28

Note: Your lowest balance during this period was \$444,348.28, and it occurred on 9/29/2006.

**Checks and Other Withdrawals****Checks Paid***Number of Images included in this statement: 4*

Number	Date Paid	Amount	Number	Date Paid	Amount
3332	9/5	2,285.00	3336 #	9/25	2,285.00
3334 #	9/5	153.60	3338 #	9/29	153.60
<i>Total of Checks Paid: \$4,877.20</i>					

Indicates a break in the check number sequence before this check.

⊕ Represents an unnumbered check or a non-check item.

SEPTEMBER

DO NOT USE JCRI AP
10/6/2006

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		2,634.15
Checks and Payments	2 Items	-407.98
Deposits and Other Credits	0 Items	0.00
Service Charge	1 Item	-10.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		2,216.17

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		2,216.17
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Balance as of 9/30/2006:		2,216.17
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		2,216.17

JONES OLD AF SEPT 06

DO NOT USE JCRH AP
10/6/2006

Page 2

Uncleared Transaction Detail up to 9/30/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
		Total Uncleared Checks and Payments		0 Items		0.00
Uncleared Deposits and Other Credits						
		Total Uncleared Deposits and Other Credits		0 Items		0.00
		Total Uncleared Transactions		0 Items		0.00



Small Business Checking

Page 1 of 3

Statement Period
From 9/01/2006 To 9/30/2006

Account Number
430-715-3349

DALESON ENTERPRISE LLC DBA
JONES COUNTY REST HOME
ACCOUNTS PAYABLE
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-601-961-6000
Automated Response: 24 hours/day
Representative: Mon. - Fri. 8am-8pm
Sat. 9am-7pm

For questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option '0'.

Website address: www.trustmark.com



Summary

Description	Transactions	Amount
Balance last statement		2,634.15
Deposits and other credits		+ .00
Checks and other withdrawals	2	- 407.98
Service charges	1	- 10.00
Balance this statement		\$2,216.17

Note: Your lowest balance during this period was \$2,216.17, and it occurred on 9/30/2006.



Checks and Other Withdrawals

Other Electronic Transactions

Date	Amount	Description
9/12	298.39	ACH DEBIT AXA EQUITABLE INS. PAYMT PPD 22009572334903
9/18	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914

Total of Other Electronic Transactions: \$407.98

SEPTEMBER

Service Charges

Date	Amount	Description
9/30	- 10.00	MAINTENANCE FEE

Total of Service Charges: \$10.00

PR NEW JCRH
10/6/2006

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Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		3,635.84
Checks and Payments	0 Items	0.00
Deposits and Other Credits	11 Items	0.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		3,635.84

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		3,635.84
Checks and Payments	2 Items	-1,148.61
Deposits and Other Credits	0 Items	0.00
Register Balance as of 9/30/2006:		2,487.23 ✓
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		2,487.23

JONRS NEW PR SEPT 06

PR NEW JCRH
10/6/2006

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Uncleared Transaction Detail up to 9/30/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
1/6/2006	4022	2021 Kendra Barnett				-387.57
1/6/2006	4032	1878 LINDSEY SAN...		Salary		-761.04
					2 Items	
						-1,148.61
Uncleared Deposits and Other Credits						
					0 Items	
						0.00
					2 Items	
						-1,148.61



Small Business Checking

Page 1 of 2

Statement Period
From 9/01/2006 To 9/30/2006

Account Number
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME PAYROLL ACCT DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-801-951-6000
Automated Response - 24 hours/day
Representative Mon - Fri, 8am-8pm,
Sat, 8am-7pm

For questions or to receive a Trustmark Access
Number for use with automated services call
during Representative hours and choose option 6.

Website address: www.trustmark.com



Summary

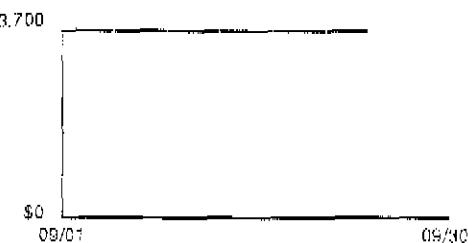
Description	Transactions	Amount
Balance last statement		\$3,635.84
Deposits and other credits		+ .00
Checks and other withdrawals		- .00
Service charges		- .00
Balance this statement		\$3,635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 9/1/2006.



Daily Balance History

Date	Balance	Date	Balance
9/1	\$3,635.84	9/30	\$3,635.84



Your Balance this Period
— Balance

SEPTEMBER